

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N15000010467

**Entity Name:** INVICTUS ACADEMY TAMPA BAY, INC

**Current Principal Place of Business:**

1555 WINDMILL POINTE ROAD  
PALM HARBOR, FL 34685

**Current Mailing Address:**

1555 WINDMILL POINTE ROAD  
PALM HARBOR, FL 34685 US

**FEI Number:** 47-5414443

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOPALAN, ARUN  
1555 WINDMILL POINTE ROAD  
PALM HARBOR, FL 34685 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ARUN GOPALAN

07/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FOUNDER  
Name JOHNSON, DANA L  
Address 1816 HEALTH CARE DR.  
City-State-Zip: TRINITY FL 34655

Title DIRECTOR  
Name BALDWIN, KRISTEN  
Address 1555 WINDMILL POINTE ROAD  
City-State-Zip: PALM HARBOR FL 34685

Title VP  
Name BELL, JENNIFER  
Address 1555 WINDMILL POINTE ROAD  
City-State-Zip: PALM HARBOR FL 34685

Title TREASURER  
Name RON, BELLESTRI  
Address 1555 WINDMILL POINTE ROAD  
City-State-Zip: PALM HARBOR FL 34685

Title PRESIDENT  
Name ARUN, GOPALAN  
Address 1555 WINDMILL POINTE ROAD  
City-State-Zip: PALM HARBOR FL 34685

Title BUSINESS MANAGER  
Name SHEPPARD, MELANIE  
Address 1555 WINDMILL POINTE RD  
City-State-Zip: PALM HARBOR FL 34685

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELANIE SHEPPARD

**BUSINESS MANAGER**

07/16/2024

Electronic Signature of Signing Officer/Director Detail

Date